THE

Southern Medical Record.

A MONHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XXI. ATLANTA, GA., APRIL, 1891. No. 4.

Original Articles

THE TREATMENT OF VENEREAL DISEASES IN CHARITY HOSPITAL.

BY C. D. ROY, A. B., M. D.,
[House Surgeon Charity Hospital.]

Venereal diseases form a large proportion of the cases which yearly come under the care of a young physician, and the successful treatment of the same is an object much to be aimed at. Especially is the above statement true in large cities like New York. At present there is no hospital in the city which treats exclusively diseases of the genito-urinary organs, although there is a movement now on foot for the establishment of such an institution. Headed by such men as Otis, Taylor, Keyes and others, the realization of the plan should not be a thing of the dim future. While the majority of patients afflicted with venereal diseases are able to be treated at the numerous dispensaries, and at the same time attend to their necessary work, still, there are cases which require a bed-side care, and makes the entrance into a hospital a matter of necessity. Yet there are others so indolent and debauched that they seize with avidity the first chance which offers itself for securing to them a night's lodging. Patients suffering with the class of diseases referred to are not retained in any of the public hospitals except Charity, unless, per chance, it be one

of emergency. In this hospital all phases of venereal diseases may be studied, for it is here that the bulk of this class of diseases come, especially from the lower class of the inhabitants. My experience in this institution having now been somewhat extended, I thought that it would be of interest to some to know the various treatment here used in the hospital for the commoner varieties of venereal diseases. If there is any place where the advantages and disadvantages of a remedy, and the method of using it, may be studied with success, it is in a large hospital like this. While the methods of treatment are various, I shall exclude from this article all except those which have been found to be the best. I shall also take in order the treatment of those diseases which I have found to be the most frequent, although the question of frequency is very variable, "changing with the seasons." Chancroids would perhaps hold first rank in order of frequency, and I shall speak of their treatment in the following division:

1. Simple chancroid.
2. Serpiginous chancroid.
3. Complications (a) bubo, (b) phimosis.

My own experience agrees with that of Dr. R. W. Taylor, that in the simple form of chancroids, those presenting a healthy surface, unirritated and with no tendency to spread, the best plan is to use thorough cleanliness, with the application of some mild antiseptic powder, as iodoform. Around this is wrapped bichloride gauze (1-1000) of one-half an inch in width, which is to be changed every day. Instead of iodoform, which is very disagreeable in private practice, you may use the aristol powder, which is very efficient and at the same time almost odorless. This latter powder is gradually superseding the use of iodoform in all cases, as it is a much more elegant preparation to use, and at the same time just as effective. By this daily dressing, the sore will in a few days present the happiest result. Should you have a case of the second variety, or the first develope into the second the course to be pursued is somewhat different. If the sore begins to spread, looks angry or secretes much pus, then some form of cauterization must be adopted. What we use in the hospital is the pure carbolic acid (R. S. P.), and in some instances chromic

acid, both of which are excellent, my preference being for the former. The best method of application is to take a wooden tooth-pick, and, having invaginated one end with cotton, to dip this into the acid and apply it to the sore until the whole surface looks blanched or whitened. Over this your iodoform or aristol is sprinkled, the penis wrapped with bichloride gauze, and this dressing left until the second day, when the sore may again be inspected. If the healing process seems to have started, the treatment, as in the first variety, may then be continued. I have sometimes found it advantageous to spread carbolized vaseline (2 grains to ʒ) around the sore in order that the gauze may not become adherent by the action of the exudate.

The treatment of buboes I shall not discuss at length, since in a former article in THE RECORD, I described our method of treatment. Since that article another plan has been adopted, known as the "excision method," which bids fair to prove a very successful mode of procedure, but one which I am afraid will not meet the approbation of your patients, since they have such a dreaded idea of cutting. The method is only applicable in the first stage, or the stage of enlargement and irritability of the inguinal glands. If seen at this stage, the patient is etherized, the parts shaved and thoroughly washed with bichloride solution (1-2000), after which you proceed as follows: With a scalpel an incision is made over the swollen gland or glands, usually one, parallel to Poupart's ligament, and with the butt end of your instrument you dissect out the gland, which is usually superficial. Having removed all enlarged glands, the wound is thoroughly irrigated with a solution of bichloride (1-3000), after which the wound is closed with silk sutures. If no suppuration has taken place, the operation will usually be rewarded with the remains of a linear scar, and the disappearance of the bubo symptoms. Many physicians say that poultices should be relegated to practices of the past, as they are of no use, and only favor suppuration. Strange to say, my own experience is different. Several times have I seen the fiercest looking buboes go down and disappear under the continuous application of warm flaxseed poultices. If the first method I mentioned is not adopted, I have found the best results by the continuous use of the poultice referred to, for if

it does not eradicate the symptoms, it will soften the tissues and lessen the interval for cutting, which are both points of benefit to the patient, besides the anodyne effect of the moist heat. When suppuration has occurred, the bubo must be opened, and the method of so doing I have described in a former article.

Phimosis complicating chancroids is a frequent occurrence here in the hospital, and much more frequent than text-books would lead one to imagine. It often seems a pity that the Jewish custom is not universally prevalent among all nationalities. In an elongated prepuce the chancroidal virus in some peculiar way often takes effect just behind the corona glandis, or the mucous membrane of the prepuce over this point, and the patient comes in with his whole penis red, swollen and oedematous, with a dirty discharge from the small preputial orifice. When such a case enters the ward, he is ordered to soak his penis for five minutes at a time in hot carbolic acid (two and a-half per cent.) solution, and this he does four or five times during the day. If, after twenty-four hours of such treatment, there is no decline of the symptoms, the prepuce is opened up and the sores inspected. Of course if there are symptoms of strangulation on entrance, the incisions are made immediately. The manner of slitting the prepuce is an important one, and we now use but one method in the hospital. Formerly one incision was made in the median line in front, and the parts inspected as best they could be. Dr. Taylor found the inefficiency of this procedure, and instituted another, which consists in making two lateral incisions just back far enough to leave a margin for future circumcision. By this plan both lips can be turned back and a thorough inspection procured. The sores are then treated daily, the parts being kept thoroughly cleansed and the whole extremity being invested with bichloride gauze. After all the sores have healed, and the inflammation subsided, the flaps are removed, leaving a neat, clean-cut circumcision.

Although syphilis is very manifold in its manifestations, its treatment is very uniform, as is recognized by all authorities. Mercury and the iodides are our sheet-anchor. The initial lesion is generally so mild in its symptoms that, unless it has

been irritated, the patient seldom thinks of treatment unless he be a neurotic individual. The blandest treatment is usually the most successful, and nothing acts better than calomel or aristol dusted over the abraded surface. A covering of bichloride gauze is placed over it in order that foreign substances may not produce irritation. As a rule, internal administration is not instituted until there are some of the secondary manifestations. As soon as the latter make their appearance, the patient is put upon the following mixture:

℞ Ferri et quininae cit., ʒ ii.
Hydrarg. protoiodidi, grs. v.
Ext. hyoscyami, grs. iv.

M. Ft. xxx. pills.

One of these is given three times daily and increased one every other day until some mercurial symptoms are manifested. For mercurial stomatitis, fifteen grains of chlorate of potash is administered internally, and the mouth washed with a weak solution of tincture of iodide and myrrh. The administration of the iodide of potash alternately with mercury is often beneficial. In late secondary or early tertiary symptoms, the "mixed treatment" is very efficacious:

℞ Hydrarg. biniodidi, gr. ½.
Potash iodidi, ʒ ii.
Syrp. sarsaparil. Co.
Aquae, aa. ℥ i.

Dissolve and mix. Sig. One teaspoonful three times daily.

In the tertiary forms the iodides still remain first. They are administered in increasing doses until the symptoms of iodism are produced, when it is again reduced. The anaemic state of the blood is always considered, and iron is administered when necessary. If the internal use of mercury disagrees with the patient, the inunctions are often substituted with good results.

Venereal warts, or condylomata, is an accompaniment frequently met with, especially around the genitals of the female. For these I might almost say there was a specific:

℞ Hydrarg. bichlo., ʒi.
Collodii flex., ℥i.

M. With this solution the condylomatas are thoroughly

painted, and after about two or three applications the excrescences drop off, leaving a clean, smooth surface.

Gonorrhœa.—In a charity hospital like this, it is very seldom that patients come in with a gonorrhœa in the acute stage. By acuteness I mean the very commencement of the discharge. They generally come in after the discharge has lasted a week or more. If the history gives any acute character at all, and not that of chronicity, the patient is put upon the following mixture:

℞ Potassi acet., ℥i.
Aquae, ℥iv.

M. Sig. One teaspoonful three times a day. At the same time the urethra is irrigated by hot bichloride solution (1-30000) three times daily. No stimulating drinks in the way of tea or coffee are allowed. If under this regime the symptoms do not abate, mild injections of the following solution are instituted:

℞ Zinci sulph., grs. ii.
Aquae, ℥i. M.

The urine is always kept bland and unirritating, and I have found the above method very satisfactory.

In giving these modes of treatment, it must be borne in mind that I am giving those which have proven most efficacious among the large number which is yearly treated in the hospital. Gleet, dependent upon strictures, I will not mention, lest this article should be too prolix. Among the complications, or rather results of gonorrhoea, are epidydimitis and orchitis, the former being much the more frequent. For a while the plan of treatment consisted in painting the inflamed testicle with a strong solution of nitrate of silver during the height of the attack. At present the treatment differs. During the height of the inflammatory attack a tobacco poultice is made to surround the affected parts, and kept on until the acute stage begins to subside. The poultice is made according to the formula given by Dr. K[illegible]yes in his excellent work, from which I quote: "Mix an ounce of fine cut tobacco in ten ounces of hot water, bringing the whole to a boil while stirring it briskly, and then add ground flaxseed, with or without ground elm bark, until the proper consistency of a poultice

is obtained. This mass is surrounded with fine muslin and the poultice applied. The poultice should not be allowed to become cool. After the acute stage is passed a solution of nitrate of silver (40 grains to ℥) is applied with a brush, and the testicle supported with straps. At no period should the scrotum be allowed to hang down. This latter application, though painful at first, acts as an anodyne, and hastens restoration.

These practical points have been given in hopes that they may prove of service to some whose experience is yet limited on this line. I have not attempted to add any new ideas in regard to the pathology or morbid anatomy of any of the diseases herein contained, but have simply given those points as being practical in their bearing.

SOME OF THE RESULTS OF HYPERTROPHIC NASAL CATARRH.

Read at the Meeting of the Macon Medical Society, February 16, 1891.

BY R. O. COTTER, M. D., PRESIDENT.

There has been made, within the past five years, wonderful strides in this hitherto very dark chapter in surgery. As in all new departures, doubtless nasal surgery has been, by some narrow-minded extremists, carried too far. It is also true that men who practice the treatment of twelve or fifteen years ago and who continue to use strong, irritating washes, by means of douches, are rapidly becoming known as "back numbers," among Rhinologists. Just as on the other hand, those who saw away recklessly every little harmless excrescence upon the septum; or apply the Galvano-Cautery to every "Sensitive Area" in cases of hay fever, or to every slight hyperaemia of the mucous membrane of the turbinated bones. This last kind is being "weighed in the balance and found wanting," by the more conservative and successful leaders in this very important branch of surgery.

It seems that for the past two years, especially, the golden mean is being approached. A more correct knowledge of the

effects produced by a hypertrophic condition of the nostrils has given us far more satisfactory results in the treatment of disorders of contiguous parts or organs. Such as inflamed eyelids, sore throat, and especially catarrhs of the middle ear.

Why should hypertrophy of the nasal passages cause aural catarrh? Not only by direct extension, but because as the nasal stenosis progresses, the atmospheric pressure back of the hypertrophy becomes lessened, and the whole nostrils become occluded and finally the eustachian tubes participate in the process, and the necessary balance of circulation of air in the tubes to and from the air cells in the middle ear, is deranged. Then we have more or less complete deafness, together with what is most harrassing of all, an intolerable ringing and buzzing in the ears. I believe the most successful aurists now-a-days are those who look for, and generally find, the cause of most cases of middle ear catarrh to be in the nose and naso pharynx. By no means do I now, as I did five years ago, throw away valuable time by trusting alone to simple inflation of the middle ear with the air douche and catheter. If there is nasal hypertrophy, which is a possible cause, I first try to remove it. If an wehandrama or exostosis I use the saw. If a hypertrophy of the turbinated bones, I use the snare or chronite acid. If the ear trouble is not too old, I get far more satisfactory results than I formerly obtained. There is one thing which my own observation has taught me. It is known that the mucous membrane of the middle turbinated is of a more delicate organization than that of the lower turbinated bone, and by far the worst cases of acute tinnitus aurium, which I have noticed, are those which exist with hypertrophy of the middle turbinated bones. Frequently I have found the tinnitus persist after I had sufficiently cauterized the lower turbinated. In some of these cases the hypertrophy of the middle bone was so small that I could not believe at first that it could cause such an amount of trouble, but careful observation has taught me that many of these cases can be quickly relieved by removal of what may seem an insignificant hypertrophy of the middle turbinated bone. These middle hypertrophies being high up and often jammed hard against the septum are much the most difficult to

treat. We should be exceedingly careful in cauterizing, or we may cause adhesion between the turbinated and the septum. In some cases I have not hesitated to remove a part of the middle turbinated bone when it was necessary to clear the space for nasal breathing. Nasal stenosis means very great discomfort, and Professor F. H. Bosworth, in his new book, advises the last mentioned course, whenever necessary. In two or three such cases I have had considerable hemorrhage, which continued oozing for two days, greatly to the patient's alarm. I have never yet heard of dangerous hemorrhage from any of these operations upon the turbinated bones.

Adenoid growth in the posterior nares and vault of the pharynx, are common concomitants of hypertrophic catarrh. I am very positive, however, that while we have a very great deal of hypertrophic and atrophic catarrh in this part of the South, the proportion of cases of adenoid vegetations is very much less than I have observed during my visit to the Northern hospitals. These patients are generally troubled with a desire to spit almost constantly. Speaking, or using the voice, is greatly interfered with. Generally the memory is functionally impaired also.

I don't know any disorder, perhaps, whose symptoms yield so beautifully to treatment as do these adenoids when they are removed. I have never found anything so satisfactory as the curette to remove them with Large ones may require the snare. There is another condition which is closely allied to adenoid growths and that is a well-known hypertrophy of the mucous membrane of the naso pharynx. It is especially common in children, but by no means altogether so. It is generally accompanied by buzzing in the ears, and more or less paresis of the muscles of articulation and deglutition. I have often obtained fine results in this condition by the application of a 20 or 40 gr. to the $\frac{3}{3}$ sol. of arginit, in the manner advised by Dr. A. H. Burk, of New York, some ten years ago.

So much has been written describing the distressing head, brow, and temple aches, the result of direct pressure from hypertrophic catarrh, and they are so well known now, that I will not discuss them here.

Authorities upon nasal diseases assure us that in addition to

the troubles which I have referred to, there are certain nasal reflexes associated with it, such as chorea, loss of memory, vertigo, asthma, epilepsy, etc. Of these, I have seen and treated, successfully, vertigo and chorea, and have, in some cases, greatly mitigated and lessened in frequency, attacks of asthma when it was associated with hypertrophic catarrh. I believe that chorea in children is very frequently caused by nasal hypertrophy and hypertrophy of the tonsils. I have seen several such cases and have been successful in relieving them.

572 Mulberry St.

SOME REMARKS ON BACTERIOLOGY AND ITS RELATION TO SCIENTIFIC MEDICINE.*

BY A. BETHUNE PATTERSON, M. D., LATE ASSISTANT TO THE ROYAL LONDON OPHTHALMIC HOSPITAL AND GOLDEN SQUARE THROAT HOSPITAL, LONDON, ENGLAND.

*Read before the S. C. Medical Association.

That bacteria is the immediate cause of many diseases, is not only generally accepted, but a fact so thoroughly established, that a knowledge of the science and art becomes indispensable to a thorough understanding of modern pathology. The startling success as met with in the surgical wards to-day—are due to the germ theory of disease—many of the failures met with are due to a lack of training in the technic of antiseptic surgery, and a deficiency in a knowledge of the principles which underlie this rapidly growing science; a science which has so engrafted itself into State medicine, and on pathology, as to have forced upon the medical teachers of our country the necessity of practical instruction in bacteriology.

I have read somewhere, that our statistics show that during the last decade, the death rate has diminished one-half. This great saving of life has not been so much due to a more thorough knowledge of therapeutic agencies, as to preventive measures—measures that were suggested after an investigation into the life history of bacteria.

Time will not admit of a thorough or extensive discussion of the subject. I will be content to briefly give the result of my investigation into the species of bacteria, their origin, structure, development, vegetating condition, their cultivation and the influence they exert on the tissue.

The word bacteria means a rod, the term is now applied to some of the minute forms of animal and vegetable life. These living organisms called schigomycitus are popularly called bacteria and micrococci. There is a relationship that exists between these bacteria, similar to that which exists between the various species of animal and vegetable life, of larger development, that do not require a magnifying glass in studying their form and habits.

Those bacteria which require similar nutrition and elementary alkaloids, resemble each other and produce symptoms in the economy, so analogous as to be easily classified. Owing to their small size, it has been impossible to investigate their structure, but they certainly pursue the same mechanical course that cells do in multiplying—supposing the structure of some of them to be the same as in all cell bodies, from the effect that certain dyes have upon them.

Species are frequently determined by their color, thus some are brown, others violet, green, blue, yellow and red. From what part of the bacteria this color is reflected, has not been determined. Some of the larger ones, when properly acted upon by a staining preparation, show a membrane and protoplasm.

Motor appendages have been sought for, and it is supposed by some, that their motion is due to cilia, which appear to be organs of motion in certain cells.

The Oscellatoriæ are large forms, found among the lower organisms, possessing motion, though no organs of motion have been found in them. The free motion of bacteria is beautiully shown in a drop of urine, that has been standing for some time exposed to the air.

These microscopical beings assume a variety of forms; those seen in relapsing fever present a cork-screw appearance, and are termed spirilla. Erysipelas, pneumonia and gonorrhœa furnish typical forms of cocci; tuberculosis, diphtheria and syph-

ilis, the rod-forms; under certain circumstances, deviations in form do occur. It has never yet been shown that a bacterium appears at one time as a genuine micrococcus, at another as a bacillus, and then again as a spirilla. The changes that have been observed to have taken place in the organism of Finkler, have also been observed in the cholera germ.

It must be admitted that in the cultivation, the typical forms invariably appeared, and the changes are only variations upon that typical form. DeBarry divided bacteria into two classes —endsporous and anthrosporous. In tracing the development of these vegetating bacteria, we find in the former the straight rod-forms, called baccillus, and some of the spirilla. These cells are motionless, and develop rapidly, directly this process is discontinued, and the spore begins to form; first a minute granule begins to appear in the protoplasm, and soon assumes proportions of round or elongated bodies, reaching its full growth in a short time. As the spore develops, the contents of the cell-protoplasm etc., disappear. DeBarry thinks the protoplasm is consumed by the spore as nutrition. The spore has its own membrane, and is surrounded by the membrane of the mother cell, which soon disappears. When a full grown spore is placed in an atmosphere possessing necessary elements of nutrition, moisture, and sufficient degree of heat, germination begins. It then soon loses its characteristic appearance, and reaches the shape and dimensions of mother cell.

Athrospore is a transformation of an entire part or cell of a bacterium—the membrane of the bacterium forming the membrane of the spore. DeBarry says: "We cannot say that facts will not come to light in course of time, which will do away with any sharp separation between the two divisions; these forms are similar in every respect, except as to their spore formation.

Cultivation and isolation of bacteria require some experience and delicacy of manipulation. This becomes essential to the pathologist who wishes to know something of the inner life of these interesting beings. They display some degree of fastidiousness as to the character of their food and abiding place. Unless these are in every way congenial, they remain inactive, or else perish. We are not surprised at this, when we reflect

upon the predilections of higher forms of vegetation. It has been observed that germs that thrive and grow rapidly upon one form of potato are wholly inactive upon others. Fluids and solid substances are used as soils in which to grow germs, of the former, beef tea, chicken broth, infusion of hog blood, serum, are the usual selections. But these present serious disadvantages in getting pure cultures. Solids are more popular, and attended with less difficulty in isolating bacteria.

Koch first used the common potato. In making microscopical observations of cultures, fluids are generally employed, and in making the selection special attention must be given to its transparency. Gelatinous substances, such as are transparent, furnish a medium that is very desirable, and in making observations upon cultures in these, the chances of mixing are much diminished. Agar-agar is much used by Koch; a small quantity of this vegetable jelly is added to peptonized meat juice, and heated until it liquifies, this is poured into glass tubes about one-third full, and then stopped up with cotton, which acts as a barrier to the entrance of germs from the atmosphere. Tubes are sterilized by boiling in a water bath for several minutes daily for several days.

Knives, needles, and other instruments must be carefully sterilized before commencing an experiment. A wire or needle is used for introducing the micro-organisms into or on the surface of the culture medium, and every care must be used to prevent the introduction of germs from without. The tube is now placed in an incubator, where a given temperature is maintained After a while there will be objective signs of growth, viz., a turbidity along the track of the needle—species may be recognized by the color they reflect. The degree of temperature and the length of time taken in developing are important and significant points to note.

To isolate bacteria, the plate method, as used by Koch, is very ingenious. The needle is introduced into the strata, the color of which indicates the species you desire to cultivate, and a sterilized medium is again inoculated, placed in an incubator, and these manipulations are gone through with as many times as is necessary to separate the bacteria, in other words, to get a pure culture. These micro-organisms are in a posi-

tion to be observed under the microscope. Glass slides, with cells ground in them, are very convenient for cultivating, and observing, from day to day, the growth of bacteria. It is not intended to go into a thorough description of the technic of bacteria culture.

I shall now consider briefly the connection of bacteria with pathological conditions—their introduction into the tissue, and their behavior there. Their effects upon the constitution are both local and general. Micro-organisms of a specific character probably find their way into the system through the air-passages, abrasions of the skin and mucous surfaces, and by way of the digestive elements.

Bacteria seem to have a predilection for tissue and blood-cells. There is an antagonism existing between micro-organisms and these little bodies. The hypertrophied cells observed by Paine are possibly due to nutrition furnished by vanquished micro-organisms, or to hyperaemia, which he claims always results; he says there is "a marked increase in the size of elements characteristic of chronic bacterial inflammation."

Bacteria, when in a medium suitable to their germination, propagate themselves very rapidly. The disturbance set up in the constitution by this process is due not only to the organisms themselves, but also to the poisons they generate, called ptomaines. Vaughn's experiments show that only a few of these animal alkaloids are poisonous; a great many are non-poisonous or inert, as their progenitors are powerless to bring about any pathological condition.

Micro-organisms, to produce ptomaines, must be placed in a suitable medium, surrounded by all the conditions necessary for their special action. Briegeo's experiments prove the above fact; thus the typhoid bacillus, when placed in beef-tea, grows and develops ptomaines; the same vegetating process went on in a solution of peptone—yet there were no ptomaines found.

In conclusion it will not be amiss to allude briefly to some of the methods employed in recognizing bacteria. Freedlander says: "Just as there is no one general method of histological examinations, so we cannot expect to discover any single method of demonstrating micro-organisms." There are a number

of new methods of staining bacteria. I shall allude to a few that I have had some experience with. For instance, we desire to exhibit the tubercle bacilli, the first step would be to place a drop of the suspected matter between two covered glasses, and press them together so as to make the film as thin as possible. After drying by passing a few times through the flame of a spirit lamp, they are ready for the staining solution.

Bacteria have a remarkable affinity for the analine dyes; gentian violet, fuchsine, are ordinarily used. Lay the cover glass in the dye, (say gentian violet) sputum side down and let them float, it will take about one-half to one hour to stain them, under an elevated temperature of 110 deg. or 120 deg., after which they are washed off with alcohol to rid them of surplus staining. Then place them in a solution of alcohol and nitric acid, observe the effect, should not be allowed to remain over eight minutes, removing them as soon as the color is gone out of the mass of sputa. The tubercle bacilli retains the color, while everything else is discolored. They are ready to be mounted after drying them with filter paper. If contrast color or double staining is desired, place the specimens treated as above in a saturated aqueous solution of Bismork Brown. Carbolized fuchsine stains the bacteria red, and as a contrast color, nuthlyne blue may be used.

I do not believe physicians generally appreciate the importance of acquiring a knowledg of bacteriology, as it relates to diagnosis, prognosis and treatment. The Northern and Western colleges are establishing laboratories, offering every facility to physicians and students of acquiring a knowledge of this science and art. The time is not far distant when our Southern schools will follow their example.

Atlanta, 27 Old Capitol.

TYPHO-MALARIAL FEVER.

BY E. H. M. PARHAM, M. D., FORDYCE, ARK.

I am aware that the above is claimed to be a misnomer, for a form of continued fever, prevalent almost everywhere, and appearing at all seasons of the year, but I know that it is one that expends its force on the bowels, and such remedies as are calculated to check or favorably modify its course, should, if possible, be timely used. I am not prepared to determine whether the typhoid bacilli can be found in this disease or not, as I have neither the means nor the time to make a thorough investigation. Let that be as it may, I have often found iodine and carbolic acid to greatly disturb the digestive functions, and their use had to be abandoned, and can not call to mind a single instance that good results could be referred to them. Therefore we must conclude that the typhoid bacilli do not exist in such cases, or iodine and carbolic acid (known to be antagonistic to their propagation, or even existence) would be attended with good results

Symptoms The subject of this disease usually complains at least a week, of indisposition to attend to business of any kind; restlessness, disturbed sleep, with unpleasant dreams, uneasy sensations in his stomach and bowels, total loss of appetite; and these symptoms continue to grow worse until he is forced to apply for medical advice.

On physical examination we now find slight tenderness over the regions of the liver, stomach and spleen, sometimes also in the illiac regions, the tongue coated with white fur, and pale with indentions on the edges; the urine very red, and the dejections from the bowels light colored and thin, and the discharges frequent; at this time the temperature ranges from 101 to 103; pulse from 90 to 100. If these symptoms continue over two weeks we have reasons to fear profuse hemorrhage from the bowels. We rarely ever find any skin eruption, characteristic of typhoid fever.

This is the first, or abortive stage; however, should the remedies used fail to make a favorable impression, about the 15th. day, we may expect to find the toungue dry, pointed and

red; some delirium at night, pulse from 100 to 110; temperature 103 in the morning and 104 in the evening. About this time there is always danger of hemorrhage from the bowels, which marks the critical period of this disease. At this time the patient is always very weak, and often needs support, both from diet and stimulation. Sometimes nasal hemorrhage supersedes that of the bowels, and by relieving the congested capillaries, seems to be attended with favorable results, provided always, that we can control the hemorrhage in due time. It is well to remark here, that the abdomen is found tympanitic in this stage, also increased tenderness, and almost always, a gurgling noise can be distinctly heard in the illiac regions, and sometimes may be heard in other portions of the bowels.

Treatment. If called to see the patient in the first stage of the fever, I commence the treatment with the following:

℞ Calomel, gr. v.
Dover's powder, gr. x.

Mix and make 4 powders. Sig. One every three hours.

If this fails to move the bowels, I order a small dose of castor oil, with 10 drops of oil of turpentine. I use the above prescription to correct morbid secretions, and thereby place the patient in a better condition to receive further treatment; should this be immediately followed by a decided remission, I order three grains of quinine every two hours until twenty grains, are taken, which seems to me, to make an impression on this disease, directly calculated to make it run a milder course even though it fails to abort it.

In the second stage, I abandon the mercurial and quinine treatment, and commence the following:

R Tinct. digitalis.
Tinct. gelsemium, aa f℥ i.
Sweet spts. of nitre, f℥ 1 1-2.

Mix. Sig. Teaspoonful every six hours.

I alternate the above with an emulsion of the following ingredients.

R Spts. of turpentine, f ℥ j.
Tinct. of opium, f ℥ ss.
Comp. spts. of lavender, f ℥ j.
Gum arabic, f ℥ iij.
Water, f ℥ jss.

Mix. Sig. Teaspoonful as above directed.

I reduce the high temperature by the application of cold water to the bowels, "pro re nata," as a safe and efficient remedy, and condemn in decided terms, the antipyretics, such as antipyrine, antifebrine, &c., as calculated to deprive the patient of strength, without any curative tendency.

Should hemorrhage from the bowels occur, I prescribe the following enema:

℞ Powdered alum, gr. xx
Tanic acid, gr. x.
Tinct. opium, gr. xxx.
Warm water, f ʒ ij.

Mix and use for one injection.

I also use ergotole in ten drop doses, either per orem or hypodermically. The injections and ergot (at short intervals, according to the severity of the case) should be continued until the hemorrhage ceases.

If the discharges are watery, and exhaustive, at any stage of the disease, I give the following powders after each action until the bowels are checked:

℞ Sub nitrate of bismuth, gr. xx.
Tannic acid, gr. x.
Powdered opium, gr. iij.

Mix and divide into 8 powders, and use as above directed. If the patient at any time is found sleeping quietly, I do not allow him or her to be awakened, even for the administration of medicine.

If the vital powers at any time seems to be failing, I do not hesitate to stimulate according to the necessity of the case. The diet should be light, but nourishing, such as milk, coffee, &c.

I have written a synopsis of the treatment of the above named disease, which in my hands has been very satisfactory having lost not more than 3 per cent. of all the cases thus treated.

DIPHTHERIA.

BY R. J. MITCHELL, M. D., GIRARD, ILL.

As it is my belief that this disease is primarily always located in the pharyngeal cavity, and that the symptoms are mild and the deposit limited in area in its first onset, and that the nasal and laryngeal varieties and the so-called malignant form of the disease are only later phases of its development and the natural result of the septic condition existing in the faucial region acting through the medium of the circulation and respiration, I therefore divide the disease into two stages, primary and secondary. The first, or primary stage, dates from the beginning of the first symtoms, viz.: fever, anorexia, sore throat, swelling of the cervical glands, together with the characteristic patches in the throat, when, if the case has made no progress towards recovery, a new formation of deposit is thrown out upon fresh surfaces, which extends either upwards into the nasal cavity and covers the palate and roof of the mouth, or downwards into the larynx and produces croup. It is the first stage of the disease that is important to the physiaian in point of treatment, while the second stage, as every one knows by experience, offers but little to hope for in this respect. I therefore emphasize the importance of early diagnosis before the system has become too much affected by the poison, as the disease in its incipiency is, I believe, strictly local, so that by early and energetic treatment, with properly selected remedies, it can be controlled and its mortality greatly reduced.

Diphtheria is, according to the latest research and generally accepted opinion, dependent up a specific germ from its origin, known as Loeffler's bacillus, which finds lodgment on or in the mucous surface of the pharynx, and does not, as we are told, enter the circulation, but elaborates a ptomaine or poisonous product that does. It would, therefore, from a theoretical point of view, be but a comparatively easy matter to destroy this death-dealing organism with some of our numerous never-failing germicides; but practice does not prove what theory suggests for treatment of this disease in this case, as in some others, and we have been doomed to disappointment, for the

whole list of parasiticides has been well nigh exhausted in searching for a sure remedy. Many of the poisonous drugs have been administered internally as well as locally, and some of the most active of these germ-destroyers have yielded the poorest results, for the reason that if they be used in strength sufficient to destroy the microbe, situated in an open avenue to the stomach and protected by a fortification of its own building, the exudate would poison the patient, and I am led to believe that the best results in the treatment of this disease will never be obtained from this class of remedies, and take pleasure in attempting to prove the usefulness of a harmless treatment which I have employed for the past 11 years exclusively with satisfaction, which consists of the following:

Quinine, gr. xxx.
Hydrochloric acid, gtt. xxx.
Water, oz. j.

To be applied with an atomizer to the patches in the throat every two hours, using three or four compressions of the bulb, taking pains to expose the diseased parts thoroughly and allowing no drinks to be taken for one-half hour afterwards. Quinine, grs.xx: tincture iron, ʒiij; aquae ad. ℥ ij; teaspoonful every two hours, followed by alcohol diluted to 1-6 or whisky diluted to 1-3, to wash it down. The use of tincture of iron and alchohol for this purpose seems to have met with general favor, while the use of quinia locally as an antiseptic has been quite limited, though as far as I can learn it has yielded good results to all who have thus employed it. Professor Rochester has been referred to as authority for the local use of this drug in this disease. He employed it by insufflation, two grains every two hours being blown into the throat, with good results. Dr. Cleveland speaks favorably of its use in this way. Dr. Burghardt, in the *Vienna Medicinische Wochenschrift*, of October 5, 1889, speaks highly of the use of quinine and sulphur, equal parts, by insufflation, in the treatment of diphtheria, three grains being blown into the diseased parts after cleansing them with a gargle or drink of water, making application but twice a day, and recommends this treatment as being especially adapted to young children, on account of ease of application. He allows nothing of the na-

ture of food or drink to be taken for an hour afterwards, and further states that since 1882 he has treated in this way thirty-three cases in patients from one to twenty-four years of age, without a fatal result; whereas, by other methods, he has lost almost three-fourths of his diphtheria patients. Between the insufflations he gives tincture of iron, wine and brandy as tonics, and if there is much blood poisoning, he gives large doses of iron, ergot, lemon juice, etc. All of his cases were seen early in the attack. He was led to adopt this treatment from observing the effects of sulphur on diseased vines in destroying the fungus oidum vitus, and knowing the germicidal as well as the tonic properties of quinine, the happy thought struck him to combine them for this purpose, and the combination seems to be a good one, as the results show; but to which element of this combination the results are due, he does not explain, nor will I attempt to say, further than that for me, quinine without the sulphur has done as well, as my results also will show. In support of this treatment, I submit the following cases, all of which were followed by the characteristic sequela, viz., paralysis.

CASE I.—Ethel D., aged 6, was seen April 15, 1889. She had been suffering a day or two with what was supposed to be a bad cold, having fever, sore throat, etc. Examination showed throat inflamed, no patches on the tonsils, severe swelling of the cervical glands and painful deglutition; but on my return the next day patches were found on the tonsils. She was put on the quinine spray every two hours; solution of quinine and iron every two hours, with the diluted whisky, for five days, when the throat cleared, and the solution of iron and quinine was then continued until convalescence was established. About three weeks after, she was brought to my office on account of difficulty in swallowing liquids and in speaking so as to be understood. As her appetite was good and general condition improving, she received no further treatment, and recovered from the paralysis in about six weeks.

CASE II.—Lucy McL., aged 10, was taken with high fever and severe sore throat the day before I saw her, while visiting in a neighboring town, and when I saw her, August 23rd, she had fever, painful deglutition, swelling in the angles of the

jaws. Examination of the throat showed a thick, white patch of quadrilateral shape located on the anterior aspect of the tonsils and uvula, extending upwards to the edge of the palate, binding them together in a solid mass, obscuring them entirely from view. She was put upon the treatment immediately, and as she could expose her throat well without a tongue-depressor, being old enough to fully realize her dangerous condition and the importance of treatment, she got the full benefit of the spray, together with the iron and alcohol. There was no change until the fourth day of the treatment except the subsidence of the fever, when the thick patch of membrane loosened at its upper edge and hung forward like a mirror from a wall, vibrating with the respiration, which was made through the mouth. I made slight efforts to remove the partially detached membrane, and finding it impractical to do so, left it, and on my return next day I found it gone, but replaced by a new and much thinner formation, which, under the continued use of the spray, disappeared thirty-six hours later, and the throat became clear. The case progressed favorably under the quinine and iron solution. About three weeks after my last visit she called at my office, complaining that she could not see to read, and on trial I found that she could barely read the large letters from the heading of a newspaper. I prescribed a pair of No. 7 convex glasses to correct the error of refraction. The power of accommodation gradually returned, so that at the end of six weeks vision was apparently normal.

CASE III.—Johnny McL. was taken about a week after his sister Lucy, and as the parents had become expert in the application of the treatment on the girl, I was not called until the boy had been under treatment about three days after the attack. I found the characteristic symptoms present, or had been, fever subsiding. On inspection of the throat, a deposit was seen, limited to the uvula, beginning at its base, covering its full width, extending downwards, its free or detached lower end of band or ribbon shaped reaching the vocal cords, as was evidenced by the complete absence of phonation. The tonsils and other parts of the faucial and oral cavity were clean and red. Treatment continued until the seventh day, when the throat cleared up and the voice immediately returned. Par-

alysis of the faucial muscles made its appearance two weeks later, which lasted about six weeks. He was very weak when convalescence began, and made a slow but complete recovery.

CASE IV.—M. W., aged 7, the second of three cases in the family, August 7, 1889. Symptoms regular; fever, sore throat, etc.; deposit confined to the tonsils. Treatment began early. She could not take the spray successfully on account of inability to bear the use of the tongue depressor, which caused her to retch and vomit her food, and I had, therefore, to rely upon the quinine iron solution, which I gave every two hours, with plenty of whisky, till the tenth day, when the deposit disappeared, and afterwards three times a day till convalescence was established. Her throat muscles became paralyzed, so that it was next to impossible for her to swallow liquids, and it was very difficult to understand her when speaking. The external rectus of one of the eyes became affected, and strabismus prevailed for a month. She was obliged to stay out of school for three months on account of her inability to speak distinctly.

In all of these cases except the first the urine was examined and found to be albuminous. I will not give in detail the history of the other seven cases, for I think from those reported physicians can fully understand their nature, as well as the nature of the epidemic prevailing throughout the country at that time, of which they form a part. These patients range in age from three to fourteen years. None of them were followed by sequelae, but were, nevertheless, well marked cases of diphtheria. Two of these cases, aged three and fourteen respectively, were quite severe, the deposits on the tonsils being extensive, together with decided swelling of the cervical glands and albuminous urine. The eleven cases included in this report occurred between the dates of April 15th and September 16th, 1889, as follows: One case in April, one in May, eight in August and one in September.

It affords me pleasure to report the successful management of these eleven cases which it has been my good fortune to see recover under the local use of quinine, aided by tincture of iron and alcohol, to which I will add twenty-one cases reported last year, giving me a total of thirty-two cases treated by this

method without a single fatal result, against a mortality of over 70 per cent. of the cases treated by me by other methods, and I am therefore forced to conclude that this mode of treatment will compare favorably with any other, and is deserving of a more general recognition and further trial.

ERGOT IN OBSTETRICAL PRACTICE—ITS USE AND ABUSE.—Edwin B. Shaw (*Kansas Medical Journal*, December, 1890) gives the following summary: No thoughtful practitioner would ever use it in a case of retarded placenta.

1. It stands without a rival as a prophylactic against *post partum* hemorrhage.

2. It acts as a hemostatic in nature's way, and is both safe and reliable.

3. It should be given just before or immediately after the birth of the head, so as to obtain its action when needed—soon after the emptying of the uterine contents.

4. That it promotes the process of involution, is rationally explained by the fact that it produces contraction and retraction of uterine muscular fibre, and contraction of the arterioles, thereby favoring fatty degeneration by diminishing blood supply.

5. It diminishes and prevents after-pains, adding greatly to the comfort of the patient.

6. It lessens, in some way, the dangers of septic complications.

7. It shortens the stage of convalescence.

8. Obstetricians of large experience, such as Goodell and Parvin, of Philadelphia; and Busey, of Washington, testify that they have never observed any bad results from the judicious use of ergot.

HARRASSING COUGH.—

R Mist. glycyrrhiz. Co., ℥ ij.
Sp. chloroformi, ʒ ss.
Sp. ammonii aromat., ℥ j.

M. Sig. A teaspoonful every two hours.

—*Dr. Beverly Robinson.*

Correspondence.

OUR NEW YORK LETTER.

NEW YORK, March 15, 1891.

The enthusiasm that had been evoked on this side of the water when the first announcement of the Koch cure for tuberculosis was made public, has completely petered out in this city and has left in its train nothing but blighted hopes, and more or less bankrupt fortunes. A number of physicians, carried away by the enthusiasm of the hour, started large and expensve sanitariums for the cure of tuberculosis after the most approved Koch fashions, and these sanitariums still exist as monuments to their mistaken zeal and want of better judgment.

But though the Koch remedy has proved utterly abortive in all forms of pulmonary tuberculosis, in lupus, however, signal success has been achieved, as has been prophetically stated to you in a previous letter. Dr. H. Holbrook Curtis, of this city, recently read a very interesting paper at the New York Academy of Medicine, entitled: "A Case of External Lupus and its Reactions, under Koch's Lymph, with Apparent Cure." The patient was a boy sixteen years of age who had a lupus for six years on his neck. He was treated at St. John's Riverside Hospital, Yonkers, N. Y., receiving the first inoculation of the lymph January 1st, 1891. The patient received in all, seven injections during a period of twenty days, with the characteristic reactions each time manifesting themselves. At the first injection, one milligramme of the fluid was given, and this was gradually increased to three, which was the largest amount that was injected at any one time. The seventh injection was given at 5 p. m., on the evening of the 23d of January, with no marked reaction in any way differing from the foregoing. Ten hours after the inoculation the portion of the scab that remained began to change in appearance, and on the morning of the 24th, the diseased tissue looked as though plaster of paris had been dusted over it. After each of the reactions, those portions of the scab that had turned white dropped off, leaving behind a healing surface, an apparent cure having been effected.

Dr. T. Gaillard Thomas has been again induced to return for a brief period to the scene of his former labors and achievements. He has just closed a series of four lectures on the pathology and treatment of certain forms of uterine disease, and treated the subject in his usually lucid and interesting manner. He related a case of rare occurrence in gynecological practice, which may prove of some interest to your readers. Speaking of certain diseases peculiar to the menopause, he said that he had been recently called to see a lady sixty years of age for whom a convenient diagnosis of cancer had been made by three physicians of this city, based upon the following symptoms. She had stopped menstruating ten years previously, and as she was one day walking about the floor of her parlor suddenly a gush of fluid of a pinkish, watery character and disagreeable odor came from the vagina. The patient felt entirely relieved as a result of this explosion. Since that time, at regular intervals of two months, she has had a similar discharge.

Dr. Thomas was sent for by the husband and daughter of the old lady, to make an examination of the case. On examination of the abdomen he found by palpation a globular mass as large as a child's head. He put the patient under an anaesthetic, forced a uterine sound through the cervical canal; after first snipping the external os with scissors, he then passed a dilator through the canal. As he did this, about ten ounces of a dirty, pinkish fluid gushed out. He next took a curette and passed it over the entire lining membrane of the cavity of the uterus, scraping it with moderate force, thinking she had hydatids of that organ. It was found, however, entirely free from any such trouble. An aluminum stem was next passed through the canal and permitted to remain in situ.

The patient was entirely cured, as a result of these different manoeuvres. The diagnosis in this case was that of a uterine cavity distended by gas, a condition due alone to the change of life in women. This is a rare affection, but does, however, occasionally occur. It was explained on these grounds. This old lady had, at fifty years of age, a uterine catarrh invading the Fallopian tubes. The fluid secreted by the diseased mucous membrane of the uterus, had been pouring through the

cervical canal. As the cervix closed on the fluid the air that had been contained in the cavity of the uterus set up a fermentative action, and as a result, there was a distention of the uterus by gas.

Dr. Ralph Walde, of the New York Post-Graduate School, said, recently, to the writer: "It is a well-known fact that experienced gynecologists have passed a sound into a gravid uterus, advised a pregnant woman to have a serious surgical operation performed upon her or pronounced a non-pregnant woman with child. These facts have led me to make a study of the early symptoms of pregnancy, and I am now convinced that in a large majority of cases, it is possible to make a diagnosis of pregnancy during the first six or eight weeks with as much certainty as one can make a diagnosis of pneumonia, when you hear the crepitant rale, or valvular disease of the heart when a mitral murmur is present. All the well known symptoms should be taken into account when you are able to elicit them from the patient, but many women have very few, if any, rational symptoms, during the early stage of pregnancy. For the past two or three years I have principally depended upon Hegar's sign, as described by Dr. E. H. Grandin. This sign has never been found where pregnancy did not exist, nor have I ever failed to find it where the body of the uterus could be examined by bi-manual palpation. In the early stage of pregnancy a condition of active hyperemia exists in the uterus, and with the exception of a very slight softening at the external, as these changes are principally confined to the body of the organ, causing an enlargement in its transverse diameter, especially the antero-posterior, which is made to project over the cervix. The whole organ under these circumstances very much resembles a fat-bellied jug. As the enlargement in the corpus is due to an increase in the amount of arterial blood flowing through it, it is consequently resilient and this resiliency is my main guide in diagnosis. The examination is made in this manner: Place your left hand on the abdomen of the woman and your right index finger in the vagina, and as pressure is made against the corpus with the index finger it is bound to yield. As soon, however, as this pressure is removed the body again springs back to its former shape. In other words, the corpus is resilient.

A man aged 35, a painter by occupation, was operated upon at the New York Polyclinic, by Prof. J. A. Wyeth, by a novel procedure. He had an aneurism of the ascending portion of the aorta, which was as large as the head of a baby, and the result of a syphilis he had acquired some years previously. He was suffering at this time from a marked syphilitic dyscrasia and was put upon iodide of potassium, taking as large a dose as 350 grains of the drug a day. He improved somewhat under treatment, but the aneurism remained as large as before. Dr. Wyeth adopted the method recommended by Macewen, of Glasgow, and inserted four silver needles, sterilized by being boiled for from ten to fifteen minutes in water, into the cavity of the aneurism at different points. These were permitted to remain in situ for a couple of days, when they will be withdrawn and again iuserted at different point. This is done with the hope of inducing coagulation and formation of a white thrombus in the sac. The patient was seen yesterday and was making very favorable progress toward recovery. P. J. R.

CHILDREN THREATENED WITH CROUP.—

R Vini ipecac, ʒ iij.
Syr. tolu, ʒ v.
Mucil. Acaciae, ℥ j.

M. ft. mist. Sig. A small teaspoonful every hour or two.

—*Dr. Cheyne.*

A STIMULATING EXPECTORANT.—

R Ammon. carbonat., gr. v.
Tr. nuc. vomicae, mx.
Tr. scillae, ʒ ss.
Inf. serpentariae, ℥ j.

M. Sig. Three times a day.

—*Fothergill.*

SUB-ACUTE PLEURISY.—

R Pulv. Digital.,
Pulv. sallæ Mer,
Hydrarg chlor. mit., aa gr. x.

M. Et ft. pil. x et sig. One pill thrice daily.

—*Dr. Alonzo Clark.*

Society Notes.

ATLANTA SOCIETY OF MEDICINE.

ATLANTA, GA., March 3, 1891.

Society called to order, President F. W. McRae in the chair.

The president announced that the subject for discussion for the evening was Pneumonia, and asked Dr. Duncan to open the discussion.

Dr. Duncan said the plan he follows in the early stages of pneumonia, is to give tinct. veratrum in one to four drop doses, according to pulse, and some form of opium with quinine, as Dover's powder grains three to five quinine grains three every three or four hours. If bowels are open he does not give cathartic, as patients with pneumonia do not bear it well. Says he does not blister in the early stage, but later, if the case is not progressing favorably, sometimes blisters. He uses, in some cases, turpentine and lard to the chest, also poultices, and seems to get good results from them. He rarely sees cases in which blood-letting is called for, but thinks in cases where there is great engorgement bleeding would be beneficial, but that patients usually pass this stage before seen by physicians.

After acute stage has passed, he gives some form of iodine, usually potas. iodide, in decided doses, or syrup hydriodic acid, in drachm doses. In the stage of convalescence, gives one of the preparations of hypophosphites, as Fellows'. He gives liberal diet, which he says is better borne than in typhoid fever. If called for, gives alcoholics.

Dr. Richardson said he used veratrum in the first five or six years of his practice with fair results, and while it is true that we can, with that drug, reduce the pulse from 120 to 70 or 80, the respiration from 40 to 24, and the temperature from 103 or 104 degrees to 100 degrees, yet he believes with Flint, that pneumonia is a constitutional and self-limited disease, and the patient is in no better condition after taking the drug than before. Says that veratrum is used more in the treatment of pneumonia in the South than in the North. He is opposed to blistering in the early stage of the disease. He thinks quinine the best antipyretic unless the temperature goes above 103

degrees, when phenacetin may be given. Says the most important thing is to keep the patient quiet with opium, and the temperature of the room at about 60 degrees F.

Dr. Parks says he begins by giving calomel and opium, but does not give veratrum, and never blisters in the early stage. Later in the course of the disease gives ammon. carb. and potas. iod.

Dr. Kendrick thinks the main indications are to reduce the temperature and sustain the heart action. Says old people die from failure of right heart, and the three most important remedies are opium, quinine and alcohol.

Dr. Johnson says there is a question whether or not pneumonia is a constitutional and self-limited disease, and the treatment is modified thereby. He does not consider it self-limited or constitutional, but a local inflammatory disease, and says if he blisters at all, it is in the early stage. He uses a mixture of ammonia, turpentine and lard to posterior part of chest, and, in adults, gives veratrum, but in children prefers to use tinct. aconite in one-fourth or one-half drop doses every few minutes until temperature is reduced. He gives opium and quinine, and has given phenacetin. Gives simple diet and alcoholics if called for.

Dr. Howell said his experience in the treatment of pneumonia was quite limited, but would rely upon veratrum, guarded by opium, quinine and blistering in the early stage, if at all.

Dr. Kennedy says he gives opium in the first stage; later alcohol is the main dependence. Says the chest should be well protected, and thinks poultices and oiled silk the best means of protection.

Dr. Hollis says he follows the plan indicated by Dr. Richardson. He thinks the disease self-limited.

Dr. Hood says he has treated many cases, and his plan is to swath the chest with cotton batting and cover with oiled silk. He then gives ammon. muriat. and camphor water, and, unless the temperature goes above 103 degrees, pays no attention to it. If it goes high, gives salicylates. Later in disease, gives alcoholics if necessary.

Dr. Hardon says he does not treat pneumonia, but while in

general practice it was his rule to reduce the temperature by sponging the patient from head to foot with cold water. Later gave stimulants. He thinks the disease self-limited.

Dr. Childs says he has treated few cases in private practice, but while house surgeon to city hospital, Charleston, the main dependence was upon ammon. carb., tinct. digitalis and alcohol, with poultice to chest.

Dr. McRae says he considers pneumonia an essentially specific and self-limited disease. He does not think the temperature of much consequence, and has seen no good in reducing it. In fact, it has been his experience that cases do best in which the temperature runs high. Says he believes with Dr. A. H. Smith, that the danger in pneumonia is from failure in and engorgement of the right heart, and that in sthenic cases, where there is great engorgement, bleeding is indicated. He uses opium only in the early stage, and does not think digitalis indicated, as it causes contraction of the capillaries, and heightens arterial tension, the very thing we want to avoid. He withholds liquids as much as it is consistent with comfort of patient. He has never used blisters, and is afraid of veratrum, as it has a weakening influence on the heart. Thinks nux vomica the best tonic in these cases.

Dr. Duncan says he has aborted pneumonia with veratrum after it has reached the stage of brick-dust expectoration and crepitant rale. In his own case, he was out on the fourth day. He thinks it perfectly safe if watched; says it acts through the pneumogastric nerve, and in his hand seems to possess specific properties in this disease. Has used capsicum with quinine and comp. Dover powder with good results. Has blistered in early stage, but will never do so again.

SPECIAL MEETING, MARCH 12, 1891.

This meeting was called that the profession of Atlanta, and especially the members of the Society, might have the opportunity of meeting Dr. W. C. Baily, of New York, and hear his views on the diagnosis and treatment of tuberculosis by Koch's new remedy, "tuberculin."

The president explained the object of the meeting, and introduced Dr. Bailey, who he said was, at the request of many

Southern physicians, visiting Southern cities explaining and demonstrating the new remedy for tuberculosis, Koch's lymph.

Dr. Bailey thanked the Society and the medical fraternity of Atlanta for the hearty response to the invitation to meet him; said he had hoped to be able to show the application of the lypmph, but notwithstanding the kindness of physicians in trying to get a subject for him, he had failed in obtaining one suitable for the experimeut.

Said it was assumed that we of the profession had familiarized ourselves with the literature on the subject, and that it was also recognized that little was *known* on the subject, and the discoverer himself is content to submit it to the test of time—the *only true test* of all new remedies. Said we all have the greatest confidence in the integrity and ability of the great discoverer, and that our duty is not to criticise but to assist Dr. Koch in his scientific researches. His object, he said, was not to discuss results, but the best methods to adopt in using a very dangerous and as yet only an experimental therapeutic agent.

Perateoloid, he said, was the name given the new remedy by Dr. Koch, but that some one else had given it the name of "tuberculin," by which name it is now known. Dr. Bailey showed the apparatus, as made by Koch, for applying the remedy, which, he said, like the inventor, was very simple though effective.

Said the lymph was very susceptible to the influence of germs, therefore it was necessary to sterilize the fingers, syringe, etc., and for this purpose alcohol is used.

Said the lymph is a red solution, which comes in small vials, of which you make a 10 per cent. solution of distilled water, and 1-2 per cent. carbolic acid. Then make a 1 per cent. solution of this 10 per cent. solution, of which the dose is 1 mm., or less than one drop.

The point of inoculation selected by Koch is the back, simply because it is less painful to the patient. It is not necessary to inoculate at point of disease.

Dr. Bailey says the selection of cases is a very important matter. If the temperature is above 100 deg. F., it is not safe to use the remedy, as the reaction would be too intense, and if

the patient is very greatly emaciated it is not safe, because the patient will not react from the effect of the treatment. Says it is not contra-indicated in general tuberculosis, but if the lungs are greatly involved, the reaction will be too intense, and the amount of necrotic tissue will be too great to be gotten rid of. The treatment should not be tried in patients suffering from diarrhœa.

Says in New York, at the hospital with which he is connected, they have reports of fifty-six cases treated, in none of which have there been any deaths or unfavorable symptoms, and in many there has been decided improvement, while six have been discharged apparently cured. Says in one case of lupus of nose of 23 years standing, in which the cartilages were involved, there was complete cure. In two cases laryngeal phthisis, in which the voice was entirely lost, the voice was restored and patients cured.

Says that one benefit to the profession from the use of "tuberculin," is the establishment of the law that the larynx is almost never involved alone, and that in cases of lung tuberculosis the larynx is often involved, and that in skin and joint cases the larynx is often found involved when it was not suspected before. Says it is fully demonstrated that the reaction only takes place in tubercular tissue; therefore it is a valuable diagnostic.

Says febrile reaction is not essential to the beneficial results of tuberculin; in fact, cases in which the febrile reaction is least, with greatest amount of local change, give best results. Said in one case of lupus of larynx the temperature fell below normal after inoculation, and this was one of the cases in which got best results.

Says the local reaction is more rapid and more marked in some cases than in others. Says that in lupus erythematous the reaction is less, slower than in lupus vulgaris, and in the former has never seen a case of cure, although there is improvement.

In lupus vulgaris the local changes are increased redness, pain and swelling, and a copious serous exudation. The exudation forms crusts or scabs, which alterwards fall away, the tubercular tissue dies and sloughs, and comes away, leaving

below healthy granulations. In one case of tuberculosis of wrist and hand, except index finger, there was so much pain the first night after inoculation that the patient did not sleep more than two hours. The next day the pain ceased, and the exudation dripped from the whole hand, except the index finger, which was not involved. Can only be used in the early stage of lung tuberculosis for reasons already given. Dr. Bailey says it is too soon to form our judgment on the matter, but acquaintance with the remedy stimulates hope.

Dr. Hardon asked how often the injections are made, and Dr. Bailey answered, every forty-eight hours to a week. Said never give more than 10 mm. at once, and give just often enough to get reaction without causing rise of temperature. Said if the temperature goes above 100, to wait until it falls, if it is a week. Said each case must be treated and studied alone, for no formulated rule can be laid down to apply to all cases. Said patients with tuberculosis of lungs can take larger doses than when the pleura only is involved, and that it could not be used at all in tubercular meningitis.

Dr. Kendrick asked if failure to get reaction is positive proof that tuberculosis is not present. Dr. Bailey said no, for the remedy might fail to reach the disease; but that getting the reaction was positive proof of the presence of tubercular tissue. Said in one case of cancer repeated inoculations had failed to get any reaction whatever, and in case of supposed cancer in young medical student the remedy was tried, and the reaction was well marked, proving that the disease was not cancer, but tuberculosis. In this case there was a cure.

Dr. Stockton asked if it had been tried in Potts' disease. Dr. Bailey said yes, with intense reaction. Dr. Stockton also asked if it had been tried in syphilis. Dr. Bailey said it had, "but that it does not touch syphillis."

Dr. Gaston wished to know if any benefit had been obtained in the treatment of scrofula with tuberculin. Dr. Bailey said it had been tried with good results in some cases.

Editorial.

TO MY JUNIOR BRETHREN.

To abandon old and tried friends, and seek new ones, often less worthy, to fill their places, seems to be an inherent weakness in mankind. It denotes want of sincerity and lack of stability. We are so constituted that we love change and devaricate from familiar paths to gratify foolish whims. We love the mysterious and miraculous; something novel and divergent from the old way. The mind, naturally, is fond of romance. There are those who live in fiction, and spend their time in rearing air castles. Nothing substantial is enjoyed by them. They do not like the solid realities of life, and therefore are unsettled and visionary. They yield to the charms of novelty, which creates a sort of inspiration, that captivates and delights, just because it is novel. This affords temporary pleasure, engenders new tastes and begets new aspirations. The stern demands of necessity help to brush away these gossamers from the mind, and replace them by pictures taken from the real civilization, leads us away from the darkness, the errors and wrong beliefs of former ages, and gives light and glory to the present—And through it is a kind of alchemy, changing baser and courser customs and laws into more liberal, humane and protective regulations and statutes, it has not been able to erect an unerring standard for individuals and governments for their guidance. Let us then act according to the clearest lights before us; accept nothing outside the realms of reason and enlightened experience. Let us examine our mooring and see if the anchors are fastened to solid and enduring foundations; dangers may be averted, life may be saved. This is an age of utilitarianism. Practical thought has been developed and cryttalized into the grandest structures of art. The chasing of the butterfly, the following of the Jack O'lantern, is gradually becoming a thing of the past. Wise and deliberate opinions, properly founded, should guide and direct us in our professional pursuits. The exercise of the soundest judgment in the most thorough analysis of facts, should govern us in our investigations. Sift the true from the false.

Weigh everything on the accurate balances of genuine logic, and all will be well. Let us not madly rush into unsettled and doubtful positions because of their novelty, nor blindly cling to doctrines and practices which have little but age to commend them. We should be considerate and conservative, and think more for ourselves. Brown-Sequard's elixir vitae was not a success, though it had his great name to support it. He was a faithful and honest experimentor, for he tried it on himself. To rejuvenate the old was a noble undertaking, and I am sorry for the failure. Something may come of it yet. Who knows? Let us hope.

Of late the secular press has been heralding accounts of what many suppose to be the grandest discovery of the century. The medical press has given but scant and unsatisfactory notice, and therefore we have had our fears, but have waited developments. There has been a wild rush by the professional and non-professional to give introduction to the Princess Lympha. She has not yet made her formal debut, and we will not intrude while attendants are arranging her toilet. We hope that, divested of the meretricious attire first assumed, she will come forth clad in the royal robe of honorable medicine.

A. W. G.

GEORGIA STATE MEDICAL ASSOCIATION.

Please allow me to announce in your Journal that the Medical Association of Georgia will hold its forty-second annual session in the beautiful city of Augusta, April 15th to 17th, inclusive, prox.

A letter just received from the Chairman of the Programme Committee, assures me that there will be an attractive and interesting programme for the occasion. The fact that the same committee, who gave us such an interesting programme at Brunswick last year, is engaged to arrange the programme for this year, is a sufficient guarantee that we will have a pleasant and profitable meeting. With the indefatigable Foster as chairman, aided by the enterprising and plucky Lancaster and Holmes, we may rest assured of a fine programme, and a profitable session. Dr. Foster writes me that the profession of Au-

gusta have their arms and hearts wide open to give the Association a cordial welcome, and that the City will entertain her guests handsomely. That full and ample hotel accommodations can be had. And that they are very anxious to have a full attendance. He asks that I urgently invite every graduate of a regular medical college to attend and become a member Reduced railroad rates have been secured an all railroads in Georgia upon the certificate plan. Be sure to get from the agent, where the going ticket is purchased, a certificate of such purchase to attend the meeting, and this certificate, when signed by the Secretary of the meeting, will entitle the holder to return on one third of the usual fare. If the ticket is bought at an intermediate station, at which through tickets to Augusta cannot be purchased, buy to Atlanta, Macon, Albany, Savannah, Athens or Americus, as may be most convenient, and repurchase to Augusta, taking certificates from both agents from whom tickets are secured. The certificate obtained at the above named points will be honored at Augusta, returning to the point at which it was secured, and the other certificate will be honored from thence to the starting point. These tickets good until the 20th, inclusive.

It is very desirable to make this the largest and most profitable session in the history of the Association, and the Association extends a cordial invitation to every graduate of a regular medical college, in good standing, to attend the approaching meeting and become a member.

Respectfully and fraternally,

Macon, Ga. K. P. MOORE, Secretary.

MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.

At the Kansas City meeting of the National Association of Railway surgeons last year, it was decided to hold the next meeting at Buffalo, May 7th, 8th and 9th of this year. But on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo April 30th and May 1st and 2d, to which all Railway Surgeons are cor-

dially invited. To all Railway Surgeons sending their names and addresses to the corresponding Secretary, a copy of the Constitution and Programme will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of

A. G. GUMAER, M. D.,
Corresponding Secretary,
Buffalo, N. Y.

UNCONSCIOUS PARTURITION IN A PRIMIPARA.

A case of high obstetric and medico-legal interest is to be found in the *Archives de Tocologie* for November. Physiologically painless parturition is rare. Tarnier has related some cases, including one instance where a Canadian woman occasionally dropped a baby on the ground, at term, without noticing it. In Howard's case, labor took two hours; the patient was reading a book till a quarter of an hour before the child was delivered, which event occurred after some straining, not sufficient to make her cry out. In Dr. Brunon's case, newly reported, a married woman, aged 22, had a troublesome cough one day shortly before term. The coughing was accompanied with lumbar pains, which increased. At 11 o'clock in the evening the patient tried to pass a motion. She sat over one hour in the closet, believing that her pains signified painful defecation. Then she went to bed. At half past 1 o'clock she woke up feeling a desire to pass a motion, with lumbar pains, such as she had felt before when constipated. As she rose to go to stool a smart lumbar pain occurred, and she felt something between her thighs. On handling it she found, much to her surprise, that it was the head of her first-born. She declared to Dr. Brunon that the pains were entirely lumbar, she had no colicky sensations, and none of the expulsive pains usually so severe, especially in primiparæ. The desire to defecate was strong, and she stated that the child might have been born into the pan of the closet without her recognizing the truth of her condition till the moment of its delivery. The patient was an intelligent, well educated woman, free from any neurosis. This case proves that in the case of an experienced person an infant might be expelled into the water in the pan of a closet without intended infanticide.—*Brit. Med. Journal.*

Book Reviews.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the use of physicians and students. By James Tyson, M. D. Seventh edition.

That this work should have reached a seventh edition speaks for itself of the value of the book; more in its praise could not be said.

It is published by P. Blakiston, Son & Co., Philadelphia.

ESSENTIALS OF MINOR SURGERY AND BANDAGING, with an appendix on Venereal Diseases. By Edward Martin, A. M., M. D. This is Saunders' Question Compend No. 12.

This little book, like all others of this series, seems to fill a long felt want, and will doubtless be fully appreciated.

SAUNDERS' QUESTION COMPEND, No. 18, is the Essentials of Pharmacy, by Prof. L. E. Sayer, Ph. G.

This is the latest of this series, and will, we are sure, meet with a hearty reception.

The little books cannot be too highly recommended to the busy practitioner and to students.

AUSCULTATION AND PERCUSSION. By Frederick C. Shattuck, M. D., is another interesting volume added to that popular series—The Physician's Leisure Library—and well fills the scope it is intended to, that is to familiarize the reader with—first, the healthy condition of the chest, that he may better appreciate the diseased conditions when described or met with in practice.

The book is concise, and well worth the perusal of the physician during his leisure moments.

W. A. C.

A COMPEND OF DISEASES OF CHILDREN. By Marcus P. Hulfield' A. M., M. D.

This is No. 14 of Blakiston, Son & Co.'s series of Query-Compends, that have become so deservingly popular with the medical student. The volume, as the author states in his preface, is founded upon a translation of Dr. Ernest Kormanis, "Compendium der Kinderkrakheiten."

The book is not intended to take the place of larger text-books on pediatrics, but for a ready aid to the student. The divisions and sub-divisions of the different subjects makes it a book that is of more than the ordinary value of query compend.

W. A. C.

Selections and Abstracts

THE DIAGNOSIS AND TREATMENT OF PNEUMONIA IN VERY YOUNG INFANTS, is the title of a paper read before the Philadelphia Obstetrical Society, Nov. 6, 1890, by Dr. B. C. Hirst.

He considers pneumonia the most frequent of all the serious diseases in the first week or so of infantile life. He questions whether exposure to cold, except in premature infants, can be considered as an etiological factor, but regards inspiration of foreign bodies, as blood meconium or vaginal discharges, during or immediately after labor, as the almost invariable cause.

The most important diagnostic features of these are:

1st. High temperature, when this is met with in the first week or so, is very significant—although constant in pneumonia, we should not forget the possibility of septic infection of the umbilical cord, which may take place when to all external appearances the cord, or stump, may seem healthy.

2d. Rapid breathing is a very striking symptom. He relates a case with recovery, in which the respiration reached 127 per minute—also states that in some feeble premature infants, that there may be pneumonia without acceleration of respiration, and very little rise of temperature.

3d. Cough. This is a variable symptom, and may or may not be present.

4th. History of Dystocia. This he considers of some value, stating that a child will be more likely to make efforts at inspiration in a difficult than in an easy labor during its passage through the parturient tract.

5th. Physical signs in the chest. These he thinks are very difficult if not impossible to clearly define in many cases.

Treatment. General, cardiac and respiratory and the relief of internal congestion.

1st. Proper food at regular intervals. 2d. Medication, which consists of carb. ammon, digital. and brandy. 3d. Poultices and counter irritation.

During the discussion, the following points were brought out: Dilatation and contraction of the alea of the nose with each respiration, also the tendency for the child to raise its hand to the ear. Both of these were spoken of as symptoms of some importance—also the favorable action of syr. scilla co. in these cases.—*Annals of Gynecology and Pediatry, Dce., 1890.*

GLUTEN AS A FOOD.

BY C. P. PENGRA, M. D.,
Professor of Materia Medica and Botany, Massachusetts College of Pharmacy.

How little we realize the importance of the foods of our day! Count them and we find that we really have but one kind. Man lives on the vegetable kingdom. True enough, we eat, digest, and assimilate beef, pork, mutton, eggs, and a number more animal *structures*. But are they anything more than modified form of vegetable life? Could any of them exist without the latter? The word structures has been used simply because it expresses the fundamental idea that the animal, man, dependent and living upon the vegetable, is nothing more than a rearrangement of the products of vegetable life. Yes, he modifies them, but he receives, and is glad to accept, and can also live upon the direct products of the plant.

Therefore our inventory of our stock of foods brings us to the products of the soil alone, and we find that our actual supply of food is very limited. In fact, the problem of economic and scientific ages has been and is: "Where is the future food to come from?" Already it has been estimated that a natural soil will inevitably become exhausted in 250 years. Need we follow this line of thought further to lead us to the fact that, if the soil supplies all our wants, it probably produces our necessities? If it produces the necessities of our physiological life, does it not likewise provide for our pathological condition? Admitting this, does it not follow that different products have different purposes, and that in special modifications of the animal system special products of the vegetable are in demand?

Accordingly, it seems reasonable to presume that, for its purpose, the purer the product of the soil the more applicable, useful and direct must be its action. These points have been advanced not only to call attention to the inestimable value of every true food in nature, but also to the idea that as there must be a purpose and place in the animal economy for each and every food, so also must there be demand for the individual constituents of these foods.

The leading physiologists and physicians of to-day are clamoring, not for medicines or new chemical combinations, but for

nature, dietetics and proper food. Knowing as we do the importance of this subject, we welcome any addition to our bill of fare that brings evidence of its characteristics and value.

For centuries it has been known that man could live happily upon cereals alone, and it required but little thought to suspect that these very cereals, grain or flour, contained something that substituted the flesh diet of others.

In course of time chemistry developed technically what theory and reason had long supposed, that man obtained from cereals more or less of two kinds of food—a non-nitrogenous (also called starchy, or carbohydrate), and a nitrogenous (meaty or albuminous).

Later—in fact only about forty years ago—we were told that one of the greatest constituents of our vegetable food was gluten. Analysis showed that nature's store of this substance represented from 12 to even 20 per cent. of wheat, 12.6 of oats, 7 of barley, 6 of rice—in fact, that gluten, or some similar nitrogen equivalent, as legumin, vegetable fibrin, etc., is liberally distributed throughout our vegetable diet.

The physiologists promptly applied this discovery, and we were soon made aware that gluten was one of nature's best means of supplying to man the very elements and effects that he sought for and received from the albuminoids, or meats.

They tell us that it is the vegetable food that furnishes stimulation as well as heat, force and energy to the system. Furthermore, as deductions from these principles, they prove to us that this gluten, the nitrogenous food of the vegetable world, must inevitably be one of the greatest foods that are the fuel for all motion, as also chemical action in animal bodies. It is unnecessary to specify proofs of the necessity of nitrogenous food.

The facts that every contraction of a muscle, beat of heart, expansion of lung, secretion and function of digestive fluids, conductivity of nerves, the processes of inflammation, yes, the very vitality of every part of our living bodies, all require and use nitrogen—these are sufficient proofs of the value and need of the best and purest combination of this food element that nature can produce.

As stated above, these properties and values have been

greatly accredited to gluten for many years. "The gluten of wheat," "the gluten of oats," "of corn," etc., have become familiar expressions. Likewise the uses of gluten have been specified and its successful applications as to food have long since been pointed out.

No argument that we have seen has failed to direct attention to the fact that its greatest value for its purposes—"food for infants," "diabetics," "nervous debility," and the like—has depended on its "freedom from starch," the point being that in this condition it offered one of nature's simplest and purest forms of nitrogenous food. But what have been the facts?

One of the leading chemists (Ritthausen) has written: "Gluten is composed of . . . ., ..., ..., ..., *and is 12 to 16 per cent. of starch*"—certainly a strange chemical statement, but it nevertheless is an illustration of the explanation of the unsatisfactory results of many "glutens" of the market.

Naturally the greatest expectation has been in the treatment of diabetic, but even these unfortunates have had to labor under a disadvantage, for recent analyses have shown that there was not a a "diabetic food" in the market that did not contain *above* 30 per cent. of starch—in fact, so much of that Dr. Harrington (chemist, Harvard) suggests that ordinary biscuits would be quite as good for this purpose.

Considering these claims for its value and usefulness we have reason to be thankful that so pure and simple a gluten as *Poluboskos* has been placed upon the market.

We recognize Poluboskos as simply what it is claimed to be, "a pure gluten."

No better proof of its purity could be given than the analysis by Dr. Davenport, which shows that four-tenths of one per cent. of it is starch.

A chemist's word gives us a technical story, and also a basis from which we may work out physiological actions and facts.

The lines of use and application of gluten as a food have long been well established, and the following observations and experiences are corrborative of them. In other words, gluten —Poluboskos—is one of the few instances where practice is the greatest proof of theory.

We have all learned that the composition of our first food,

the mother's milk, is largely nitrogenous matter; that the egg from which the young chick is developed contains abundance of this material, but merely a trace of carbohydrates; in fact, the laws of nature provide the beginnings of life with foods that produce muscle and strength rather than fat.

It is well known that prior to the third month of life the saliva does not contain ptyaline, the very essential agent that in later life starts the digestion of starchy foods.

Considering these two great evidences, do we need more proof to convince us that if infants needed a starchy diet it would not have been so decidedly opposed by nature? No; the too frequent blunder of "kind friends" in stuffing starchy concoctions down the helpless infant throat has been sufficiently discovered and abolished by the physicians of our day, and most of them are prepared to interdict all carbohydrate foods, or at least see to it that these constituents be so modified as to correspond to the small amount of lactine that is found in the mother's milk.

These are among the leading reasons that have induced the theory that infants in need should be supplied with a nitrogenous rather than a starchy or even mixed diet. These are facts that have led physicians and mothers to long for something to supply the frequent deficiency of nature.

That nature could relieve this want has been believed, and experience is abundant to prove this to be true.

Such is theory.

But what is practice?

The writer's observation and experience with the Crystal Springs pure gluten food, "Poluboskos," has certainly conformed to the foregoing and all accepted theories on the subject of nitrogenous foods. He has seen infants, weak and apparently exhausted from lack of food, stimulated and almost revivified by its use. Where other foods have been rejected by the stomach, this (although dissolved in the same kind of milk that has previously been rejected) is easily retained.

No word of objection or criticism has come to him, and his experience thus far, and that of other physicians and friends, leads to the belief that in this product we have the nearest approach to a natural food for the waning energies of infants and their many ailments of digestion.

Again, older patients continually report its value and relief in cases of weak stomach, dyspepsia, anorexia, etc. Here again theory is sustained, for, regardless of its renovating or tonic effects, it is exceedingly easy of digestion. Observation has shown that this very ease of digestion has been the cause of its retention where other foods have been vomited. Of the many people we have heard say, "Oh, I can't take milk; I either throw it up, or it makes me bilious," I have not known an exception to the report that they are surprised that they can take so much milk with it and feel so well afterwards.

Certainly this is good proof of the well-established theory that "the gluten of vegetables is one of the most rapidly digestible of our foods," and makes its use in stomach disorders correspond in reason to the results of experience.

The use of nitrogenous diet in diabetes is so familiar that its desirability does not even require a physician's recommendation. It is well known. The people know it, while the sufferers from this disease very early become accustomed to directing their own diet.

What has this been? Almost anything in the market. Even they have almost invariably applied lor "gluten, gluten!" But what have they obtained? Many of them in their ambitious determination, having failed to procure their necessary food in this country, have resorted to importation for many years. And with what result? The best and purest obtainable contained from 12 to 30 per cent. of starch. Therefore it is not strange that these people and their advisers have been glad, as the writer knows, to find that their own country and kind are capable of supplying their demands with a purer gluten than they had ever before known.

The writer realizes the frankness of these strong claims, but he also knows that he is dealing with a natural food that makes no claim of secrecy, and is as free to the reader in all its claims as is the beefsteak of the market; yet, while approving its claims, he would go further and say that, besides its usefulness in infant digestion and diabetic disorders, one of its greatest futures will be found in the treatment of nervous diseases.

The theory for this use is very evident. If a food can furnish

energy and stimulate force production in the system, how can it do it but by toning up and strengthening the nerves themselves? What, then, must pure gluten be, if it is not one of nature's best nerve tonics?

To prove this, the writer has used Poluboskos in migraine, insomnia (due to nervous debility), in incontinence, and especially in spermatorrhœa, with results that give evidence that it is a nerve food, and that this nitrogenous, vegetable product has a place in the human economy that is not afforded to anything else within our knowledge.

It is not necessary to enter into a comparison of the various foods of the market, because we know of no other preparation, product, or compound that offers us 91 per cent. of nitrogenous food equivalent.

There seems to be every reason to believe that in Poluboskos we are possessed of one of nature's greatest secrets, and that its future place among desirable foods of the table will be only another practical proof of its necessity in the feeding of diseased vitality.

Manufactured by the Crystal Spring Manufacturing Company, Boston.

PNEUMONIA.—

℞ Ammoniæ muriatis, ʒ iij.
Antim. et pot tartrat., gr. ij.
Morphiae sulphat, gr. iij.
Syrupi glycyrhizae, ℥ iv.

M. Sig. A teaspoonful every two hours.

—*Dr. N. S. Davis.*

FOR CHRONIC BRONCHITIS.—

℞ Morphine sulph., gr. j fs.
Aquae purae, f ʒ ij.
Syr. asclepiadis tuberose,
Syr. pruniae virginianae, aa f ℥ ij.

Solve et. Sig. Shake and take a teaspoonful every 3 to 6 hours. P. R. N.

CLINICAL OBSERVATIONS ON SOME NEW PHARMACEUTICAL PREPARATIONS.

In a paper read before the Thirty-fourth Quarterly Meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 26, 1890, Dr. R. Harvey Reed, of Mansfield, says:

"Every age in medicine and surgery has had its fanatics, who seemed to live for little else except to ride some particular hobby to death; whilst, on the other hand, every age has had its old fogies who would rather perish than turn an inch to the right or left of the old time-worn rut of their forefathers.

"The hundreds of worthless 'new remedies' that are placed before the profession for their patronage from year to year, is enough to disgust them with all new remedies. It seems to me that many of our manufacturing chemists spend the bulk of their time seeking for something that is new, regardless of its real merits or value.

"If only they can strike the profession with a 'new remedy' of some description or other, they are perfectly happy.

"But with all these criticisms we must admit there is now and then a new remedy comes to light which has real and lasting merit, which in a large degree atones for the defects of many of its worthless compeers."

Then after referring most favorably to the non-irritating preparation of cascara sagrada, prepared by Mr. J. Le Roy Webber, Ph. G., the author makes the following statement as to his experience with pancrobilin:

"In this direction, however, we have another 'new remedy' which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as 'pancrobilin' and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable.

"In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by

assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

"In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash colored fæces, or the dry, hard scybala, of the chronic dyspeptic.

"After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will give as prompt relief to these conditions as the ones under consideration.

"In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation."—*The American Lancet.*

Practical Notes.

FOR SUB ACUTE OR CHRONIC DIARRHŒA.—

℞ Acacia pulv., ʒ js.
Creosoti (beech wood), gtt xxxij.
Aquae purae, f ℥ iv.

Ft. Emulsio et. Sig. A teaspoonful in water (for adults) every 4 to 6 hours.

FOR PAINS OF DYSMENORRHŒA AND NERVOUS HEADACHE.—

℞ Morphine sulph., gr. j.
Aquae camphorae, f ℥ iijss.
Ether chloric, f ℥ ss.

Solve et. Sig. A tablespoonful in water occasionally.

—*Dr. A. W. Griggs.*

DR. THOMAS S. POWELL'S ADDRESS TO THE GRADUATING CLASS SOUTHERN MEDICAL COLLEGE.

GENTLEMEN OF THE GRADUATING CLASS:

It gives me much pleasure to feel that by zealous application to the study of your chosen profession, you have honorably won your diplomas in the Southern Medical College.

In accordance with the laws of Georgia, you are now Doctors of Medicine, and in the name of the Trustees and Faculty I congratulate you, and give you the benediction of your Alma Mater.

I fear this name, which is so frequently and appropriately used in like occasions, is not often given with the significance that the term implies. The office of "cherishing mother," in a material and immaterial sense, is certainly one of much importance and exalted character.

A mother who cherishes her offspring in the true sense of the word, endeavors to develop its moral, mental and physical capacities to the utmost and noblest evolution. Over it her watchful care never ceases; her anxiety for its welfare never abates, and her tender affection enfolds it in a mantle of love and charity that no hands but its own ungrateful ones can tear away.

To such a parent is due peculiar duty and fidelity, and he who is her worthy son, is glad to give her lasting and loving allegiance. I believe, gentlemen, you will be faithful to your Alma Mater, and instead of ever bringing one blush of shame to the cheek, you will endeavor to make her heart throb with pride and gladness as she watches your future career, be it long or short.

Scarcely a generation ago, corruption in business circles, in professions, trade, society and morals was the exception instead of the rule. In every department of industry and science in the moral and the material world, there never has been a period when that impressive question, "Watchman, what of the night?" needed so much to be asked with earnestness and anxiety.

Now it is *vice versa*, and the slime of foul doing and foul dealing has inoculated with its virus the very heart of humanity.

There is so little confidence in the integrity of men, the world must see the best, the truest and noblest among them pass through long years of severe crucial tests—go down into a very Gehenna of fierce trials and temptation, and come out without the smoke of fire upon their garments before it will give them even the private recognition the grandeur of their character so richly deserves.

Yet from the very fact that exalted nobility of character is now so rare, there has not been a time in our memory when it could stand so conspicuous before men, and blaze like a star of the first magnitude amid the moral gloom that threatens to engulf individuals, society and the nation itself.

In your career as men and as physicians, my young friends, let that beacon light lead you into the luminous path beyond, and when you hear ringing through "the brooding darkness around you" that thrilling cry, "Watchman, what of the night?" I would have you be able to answer for yourselves, "Well! all's well!" We are on the watchtower of medical science, and earnestly striving to exalt our noble profession to lofty heights

of character, and by its healing power and skill, wrest suffering humanity from the clutches of disease and premature death.

It is a shame that in a Christian country men should ever say what we so often hear on every side, "It does not pay to do right," meaning it does not pay in money—this god of the world's cringing idolatry; it does not pay in position and success that can be bought for so many dollars and cents, like the commonest wares in a huckster's market.

But I hold that an honorable, upright career does pay. Though sordid motives never influence the ambition of the true physician, his ministrations are often rewarded in a highly pecuniary sense, and in being faithful to the pure, elevated nature of his profession, it always pays in something better than silver and gold—in winning the love, respect and reverence of his fellow men, and stainless, well-deserved honors, sooner or later. Wrong often succeeds for a time, but truth triumphs at the last, and while the defeated hosts of evil lie howling in despair and darkness, she beats the ambient air with her snow-white wings, and soars singing into eternal day.

Suffer me then, gentlemen, to entreat you, in these my parting words, to consider the importance of learning your whole duty, and discharging it faithfully. Become as nearly as possible perfect in your profession. Learn prudence and self-control. Have decision and independence of character. Aspire and strive to be men of the noblest and highest type. If you would compete with the world at large in its march of improvement, if you would mount the dizzy height of a laudable ambition, and unfold the hidden mysteries of the profession, you must study—constant and unwearied study can alone bring you to so welcome and happy a consummation of your desires. Remember, my young brethren, to improve a man is to liberalize and enlarge him in thought, feeling and purpose; cultivate his heart with moral and religious principles; above selfishness and with great intellectual culture, man triumphs over the universe—he rules all nature. Educated, independent mind knows no limit. It is halted only by the line that separates the soul of man from his Creator. It surveys the past, penetrates the future, and foretells what is to come; it ranges amongst the heavenly bodies and explores the recesses of ocean and the earth. Nothing on earth or in heaven eludes its search, or is too vast for its comprehension. My young brethren, the whole field of nature is yours; all the physical sciences are embraced in the science of medicine—the noblest science cultivated by human intelligence. But, gentlemen, remember, you may have the mind of a Watts or a Newton, and may be able to subdue the elements; you might have the power of Demosthenes, the eloquence of Cicero, the judgment of a Pitt, a Mirabeau or a Grattan, without an accurate knowledge of the human organization, and all the other branches which it has been our duty and pleasure to teach you in the Southern Medical College, the practice of medicine will be a mere pretension. To be a physician in the true sense of the word; to be able to control the most mysterious of the forces of nature; read the mysteries of man's interior formation; to be able to trace and detect disease in its most secret lurking places, you must continue to study, observe, reason and think. Study, constant and unwearied study, can alone bring you to so welcome and happy a consummation of your desires.

To accomplish all this, you must be a conscientious, honorable man.

The heart, as well as the intellect, must be highly cultivated. Let me then entreat you to strive to improve both.

In the very beginning of your professional life, I would have you faithfully observe the ethics and rules of the profession; but remember that the truly great physician not only labors continually to reach the acme of medcal science so as to prevent as well as relieve physical ills, but he has the heart of gold that goes out in compassion and brotherly love and sympathy ready to minister without partiality or prejudice to all who need his services—the rich and the poor, the learned and the ignorant, the great and the low.

From the very nature of medical ministry, the life of a true physician is one of self-sacrifice. His mission is to serve, not to be served. Unless a man is willing to give freely of himself wherever his ministrations are needed, I would not advise him to enter the profession of medicine. Therefore, if you would be the physician who is loved and honored in his glorious life of good deeds and good will to men, at the beginning bring your talents, your hopes and aspirations, and lay them upon the altar of duty. Let no love of ease, self-indulgence and sordid ambition entice you into their deceptive snares, and let your private and professional life bring nought but good and richest blessings to the world.

In bidding you farewell, I would thank you for the courtesy and kindness shown to your instructors, and the assiduous attention given to your studies. May the benediction of heaven go with you to your homes, and rest upon you in all your life's career.

Special Notes.

WM. R. WARNER & Co. have for years been regarded as among the most reliable manufacturers of pills in this country. We have recently received a bottle of their quiniue pills, sugar-coated, with which we have had a satisfactory experience. Dr. Yale made a report to *New Remedies* last spring upon the pills of various manufacturers, among them his experiments with pills of quinine, made by Warner & Co., that shows a great perfection of result.—*Obstetric Gazette.*

SANDERS & SONS' EUCALYPTOL EXTRACT (EUCALYPTOL). Whenever mention is made of "Oil of Eucalyptus" we beg you to bear in mind that such reference applies to our preparation, styled for distinction, "Eucalypti Extract (Eucalyptol);" there being manufactured besides our preparation, the wholesale price of which is eight dollars per dozen ounce bottles, no oil exclusively produced from the leaves. Other oils of Eucalyptus found in the market—worth about ten cents an ounce—are common terebinthinous products of no medical value. A test willat once convince; the difference is too striking, and allows of no mistake. To avoid disappointment we would suggest to specify, when prescribing, our manufacture. Samples gratis through Dr. Sander, Dillon, Iowa. Meyer Bros. Drug Co., St. Louis, Mo., Sole Agents.

WANTED.—The consent of 10,000 Smokers—to send each, a sample lot of 150 "Nickel" Cigars and a 20 year gold filled Watch, by Express C. O. D. $5.25 and allow examination.
HAVANA CIGAR Co., Winston, N. C.

Eleven years ago, Mr. I. Phillips came to Atlanta, and opened the first instrument house here, and by constant attention to his business and his courteous treatment of his patrons, has built up a business such as any of the old houses of the North might be proud. Mr. Phillips keeps nothing but the best instruments manufactured, and besides those he keeps a full line of surgical dressings, crutches and other accessories for the treatment and cure of disease. By referring to our advertising pages, you will see that his prices are as low as the lowest, and being the only strictly surgical instrument house in the South should have your support. Thousands of physicians all over the South and West can give testimony to his honesty, and the reputation of his house.

TONGALINE IN SCARLET FEVER.—Dr. I. N. Love has had remarkable success with the employment of tongaline as a stimulator of the glandular system. He finds that the kidneys and glands of the alimentary canal respond favorably to the use of this preparation in doses of from one-half to a teaspoonful every three hours when indicated. He is in the habit of using the following formula:

℞ Tongaline (Mellier).
Syr. tolu, aa f ℥ j.
Elix. lactopeptin, f ℥ ii. M.

Sig. Dessertspoonful every two to four hours, as demanded.

The writer says that tonga is indicated in scarlet fever, and the salicylic acid, which forms a part of the compound, is surely advantagous, and the small amount of pilocarpine therein is also of great value.—*Annals of Gynnecology and Paediatry.*

A PLAIN STATEMENT.

HATERHILL, MASS., March 7th, 1891.

ANTIKAMNIA CHEMICAL CO., St. Louis, Mo.

GENTLEMEN:—The Antikamnia sent me found a suitable case at once. My patient had long been a sufferer from hemicrania, and the pain was never more than partially relieved by caffeine, acetanilid, etc.

Upon the recurring attack, I prescribed antikamnia, three grains, every two hours. The first dose gave instant relief, to the great satisfaction of both myself and patient, and complete recovery was secured.

I shall hereafter use antikamnia in preference to all other preparations, for the relief of migraine, sciatica and other nervous diseases. Very respectfully yours,

CHAS. F. FOYE, M. D.

John Muir, M. D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice-President Ontario Medical Council, says:

"I take pleasure in saying that I have found PAPINE (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

Pierrepont Manor, N. Y.

We frequently meet with cases where the urethra requires injecting, or where an irrigation is desirable. In all catarrhal

or purulent discharges, the physician desires a ready means of irrigating and disinfecting the urethral canal. Lindenshmidt's urethral irrigator answers this purpose most admirably. The spray reverts the stream while the urethra is kept dilated by the instrument, and thus the antiseptic wash comes in contact most thoroughly with the diseased parts.

PROF. E. YOUNKIN, St. Louis, Mo.

McArthur's Syrup is mixed, like the painter's colors, with brains. See the excellent reasoning in their advertisement on page 34, and delay not in adopting the remedy in your practice.

THE GENEESO ROAD CART.—The manner in which this cart is hung makes it one of the easiest riding two-wheeled vehicles manufactured, and is thus particularly adapted for physician's use. A cut of this cart will be found in our advertising pages.

For further information and for circulars, write to

D. F. SARGENT & SON,
Geneseo, Henry Co., Ill.

Doctors contemplating the purchase of a new set of harness should write to King & Co., Oswego, N. Y. and get their prices, which are extremely low. Their ad will also be found on our pages.

POPULAR FAITH IN ALTERATIVES.—Since the nature of the action of this class of remedies is, to some extent, as yet undetermined and obscure, they are necessarily prescribed empirically. To this fact is perhaps due the promiscuous use by the public, not infrequently with the endorsement of physicians, of a host of nostrums of no real medicinal value. Many of these have had an enormous sale—indicative not so much of their worth as of the general belief in the necessity for the use of what are popularly termed "blood purifiers." Spring is the season when these are most generally resorted to.

When we consider that there is no condition of disease at some stage of which tonic alteratives are not indicated, it will be appreciated that next to agents such as opium and quinine, the action of which is specific, no class of remedies are more frequently demanded.

Messrs. Parke, Davis & Co. supply under the name of Syrup Trifolium Compound, an alterative formula containing red clover, stillingia, cascara amarge, burdock root, poke root, prickly ash bark, berberis aquifolium, all valuable vegetable alteratives, either with or without potassium iodide. This has been used by physicians with much success in all conditions requiring alterative treatment.